UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SI	C USE ONLY	
Prefix		Serial
DA	TE RECEIVE)

	!
Name of Offering (check if this is an amendment and name has changed, and indicate SCI Gateway on Apache Fund, LLC Membership Interests representing limited liability	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505	Rule 506
Type of Filing: 🗷 New Filing 🗆 Amendment	Mail processing
A. BASIC IDENTIFICATION DATA	A Section
Enter the information requested about the issuer	JAN ,
Name of Issuer (check if this is an amendment and name has changed, and indicate check if the check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed, and indicate check if this is an amendment and name has changed indicate check if this is an amendment and name has changed indicate check if the check if this is an amendment and name has changed indicate check in the che	Wash.
Address of Executive Offices (Number and Street, City, State, Zip Code) 11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025	Telephone Number (In Storing Area Code) 310-470-2600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	f Telephone Number (Including Area Code)
Brief Description of Business real estate investments	
Type of Business Organization Corporation	other (please specify): limited liability company PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year O7 07 EX Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbrevia CN for Canada; FN for other foreign jurisdictions)	tual Estimated ation for State: DE JAN 2 2 2008 tion)
GENERAL INSTRUCTIONS	THOMSON

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA								
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual) SCI F	Real Estate Investments, LL	C					
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)	11620 Wilshire Boulevar	d, Suite 300, Los A	ngeles, CA 90025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner/Manager of LL.C			
Full Name (Last name first,	if individual) SCI F	und Manager I, LLC						
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)	11620 Wilshire Boulevard	l, Suite 300, Los An	geles, CA 90025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual) Robo	tti, Robert						
Business or Residence Addr	usiness or Residence Address (Number and Street, City, State, Zip Code) 11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025							
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual) Paul,	Marc						
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)	11620 Wilshire Boulevard	l, Suite 300, Los An	geles, CA 90025			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual) Krese	k, Nancy						
Business or Residence Addr	ess (Number and S	treet, City, State, Zip Code)	11620 Wilshire Boulevard	i, Suite 300, Los An	igeles, CA 90025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual) Bro ol	ıs, Anne						
Business or Residence Address (Number and Street, City, State, Zip Code) 11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025								

☐ Beneficial Owner

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual) Kennedy, Karen

Check Box(es) that Apply:

Executive Officer (of Manager)

General and/or Managing Partner

Director

11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) Lom	eli, Alicia			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)	11620 Wilshire Boulevan	rd, Suite 300, Los A	ngeles, CA 90025
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) Mar	k Roman and Elizabeth Killı	mond-Roman		
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)	23015 Bryce Street, Woodl	and Hills, CA 9136	4

				B. II	NFORMAT	TION ABO	UT OFFEI	RING			-	
1. Has the issue	er sold, or d	oes the issu	er intend to	sell, to non	-accredited	investors in	n this offeri	ng?			Yes N	⊠ 10
2. What is the r	minimum in		at will be a	Answer also ccepted fro	in Append m any indiv	ix, Column	2, if filing	under ULO	Ε.)*
3. Does the offe	ering permi	t joint owne	rship of a s	ingle unit?							Yes ∷ 🗷	No □
4. Enter the inf solicitation of dealer registe persons of su	of purchase: ered with th	rs in connect te SEC and/	ction with s for with a st	ales of sec ate or state	urities in th s, list the na	e offering. ame of the l	lf a persoi broker or de	n to be liste caler. If mo	ectly, any c d is an assore than fiv	ommission ociated per e (5) persor	or similar rson or agons to be lis	remuneration for ent of a broker or sted are associated
Full Name (Las	t name first	, if individu	al)									
Business or Res	sidence Add	ress (Numb	per and Stre	et, City, St	ate, Zip Coo	de)						
Name of Associ	iated Broke	r or Dealer		11 21	•							
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	ers					·	
(Chec	k "All State	s" or check	individual	States)							🗷 All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(AZ) (IA) [NV] (SD]	[AR] [KS] [NH] [TN]	[СА] [КҮ] [NJ] [ТХ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (Las			,	et City St	ate Zin Coo	te)				•		
Name of Associ		•										
States in Which (Check		ted Has Sol s" or check									🗆 Al	l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[СА] [КҮ] [NJ] [ТХ]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (Las	t name first	, if individu	al)								<u>.</u>	
Business or Res	sidence Add	ress (Numb	per and Stre	et, City, St	ate, Zip Coo	le)						
Name of Associ	iated Broke	r or Dealer									<u>.</u>	
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	ers		_				
		s" or check									🗅 AI	l States
[AL] [IL] [MT]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] (MD) [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		Am	ount Already Sold
	Debt	\$ 0)	\$	0
	Equity				0
	☐ Common ☐ Preferred	<u> </u>	•	-	
	Convertible Securities (including warrants)	\$0	<u>}</u>	\$	0
	Partnership Interests.	\$0	<u>}</u>	\$	0
	Other (Specify: Membership Interests representing limited liability company interests)	\$ <u>21,236,826</u>	,		\$ <u>342,368</u>
	Total	\$ 21,236,826			\$342,368
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	•		`
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Do	Aggregate llar Amount Purchases
	Accredited Investors	5	1		\$ <u>342,368</u>
	Non-accredited Investors	0)	\$	0
	Total (for filings under Rule 504 only)		_	\$ _	
	Answer also in Appendix, Column 4, if filing under ULOE.		=		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
		Type of Security		Do	llar Amount Sold
	Type of offering	•		_	
	Rule 505		-	\$	
	Regulation A		•		<u>-</u>
	Rule 504		-	\$	
	Total		-	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	🗖	I	\$	0
	Printing and Engraving Costs	<u>x</u>	l	\$	5,000
	Legal Fees	E		\$	15,000
	Accounting Fees		l	s	10,000
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) (miscellaneous filing and offering expenses)			\$	30,000
	Total		l	\$	60,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEED	OS
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>21,176,826</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	□ \$ <u> </u>	□ \$ 0
	Purchase of real estate	□ \$ <u>2,237,500</u>	□ \$ 16,940,676
	Purchase, rental or leasing and installation of machinery and equipment	□ \$ <u> </u>	□ \$ 0
	Construction or leasing of plant buildings and facilities	□ \$ <u>0</u>	□ \$ <u>0</u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		□ \$ 0
	Repayment of indebtedness	□ \$ <u> </u>	
	Working capital (* Reserves)		
	Working capital (10001103)	<u>v</u>	720,000
	Other (specify): Closing costs and other third-party fees and expenses related to real estate acquisition		
			□ \$ 837,462
	Column Totals		· ·
	Total Payments Listed (column totals added)		
	D. FEDERAL SIGNATURE		
on:	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no stitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission ished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	otice is filed under Ru , upon written reque	ale 505, the following sig
Iss	suer (Print or Type) Signature	Dat	te January 8, 2008
SC	Cl Gateway on Apache Fund, LLC		
В	y: SCI Fund Manager I, LLC, its Manager		<u> </u>
Na	ame of Signer (Print or Type) Alicia Lomeli Title of Signer (Print or Type) Secretary		
			



ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)